

<i>SERFF Tracking Number:</i>	<i>LMBR-125723845</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lumbermen's Underwriting Alliance</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>2008-103-WC-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation Retrospective Rating Plan Manual</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Item Filing R-1398/2008-103-WC-R</i>		

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation SERFF Tr Num: LMBR-125723845 State: Arkansas

Retrospective Rating Plan Manual

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2008-103-WC-R

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Donna Bauman

Disposition Date: 07/08/2008

Date Submitted: 07/07/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Item Filing R-1398

Status of Filing in Domicile: Pending

Project Number: 2008-103-WC-R

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: Item R-1398

Reference Title: 2008 Update to Retrospective Rating plan parameters -Advisory Org. Circular: CIF-2008-11
state hazard group relatives

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing R-1398 regarding the update of the Retrospective Rating Plan hazard group

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relativities, as set forth in NCCI circular CIF-2008-11. We request an effective date for all policies effective on and after January 1, 2009.

Your consideration is greatly appreciated.

Company and Contact

Filing Contact Information

Donna Bauman,	Donna.Bauman@ins-lua.com
1905 N.W. Corporate Blvd.	(561) 994-1900 [Phone]
Boca Raton, FL 33431-7303	(561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance	CoCode: 23108	State of Domicile: Missouri
1905 N.W. Corporate Blvd.	Group Code:	Company Type: Commercial
		Property and Casualty
Boca Raton, FL 33431-7303	Group Name:	State ID Number:
(561) 994-1900 ext. [Phone]	FEIN Number: 43-0799570	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$25.00	07/07/2008	21272538

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/08/2008	07/08/2008

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Disposition

Disposition Date: 07/08/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LMBR-125723845	State:	Arkansas
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Company Tracking Number:	2008-103-WC-R		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	State Special Rating Values	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	State Special Rating Values	Page 1	Replacement	RETRO 2008 HG (01-01-09).pdf

**RETROSPECTIVE RATING PLAN MANUAL
STATE SPECIAL RATING VALUES**

1. HAZARD GROUP DIFFERENTIALS

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	
1.940	1.450	1.280	1.150	0.990	0.800	0.590	EFF. 01-01-09
1.890	1.420	1.260	1.130	0.980	0.790	0.590	EFF. 01-01-08

2. TAX MULTIPLIERS

a. State (non-F classes)	1.051	LUA EFF. 07-01-08
b. Federal classes, or non-F classes where rate is increased by USL&H Act Percentage	1.124	LUA EFF. 07-01-08

3.a. EXPECTED LOSS RATIO

.627	LUA EFF. 01-01-08
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3.b. EXPECTED LOSS AND ALLOCATED EXPENSE RATIO +

.687	LUA EFF. 01-01-08
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4.a. TABLE OF EXPENSE RATIOS

2007-01 (28F) (Type B Company)	LUA EFF. 01-01-08
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4.b. TABLE OF EXPENSE RATIOS FOR ALAE OPTION +

2007-01 (28H) (Type B Company)	LUA EFF. 01-01-08
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5. TABLE OF EXPECTED LOSS RANGES

2008	EFF. 01-01-08
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+ Retrospective Rating Flexibility Values - choice of option a or b available.

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Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	07/08/2008

Comments:
Transmittal attached.

Attachment:
industry_rates_PCtransDoc_intelligent.pdf

	Review Status:	
Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Approved	07/08/2008

Comments:
Not applicable.

	Review Status:	
Satisfied -Name: NAIC loss cost data entry document	Approved	07/08/2008

Comments:
Not applicable

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	